

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037638

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

38

Primary Registration District No.

3056

Registrar's No.

612

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		c. CITY OR TOWN <u>Richmond</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>University of Missouri Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 3</u>	
3. NAME OF DECEASED (Type or print) First <u>Lola</u> Middle <u>McFee</u> Last <u>Estenbaum</u>		4. DATE OF DEATH Month <u>October</u> Day <u>24</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-9-19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and state or country) <u>Cowgill, Missouri U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elton McFee</u>		13b. MOTHER'S MAIDEN NAME <u>Marie E. Wright</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary B. Garrett</u>		Address <u>Richmond, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes (no) or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mary B. Garrett</u>		Address <u>Richmond, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Septisemia</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:			
DUE TO (b) <u>Malnutrition and wasting</u>			
DUE TO (c) <u>Quadruplegia secondary to trauma</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Patient fell from 2nd floor window while cleaning</u>	
20c. TIME OF INJURY Hour <u>8:05</u> a.m. <u>May 21, 1962</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Richmond</u>	COUNTY <u>Ray</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>10/3/62</u> to <u>10/24/62</u> and last saw him alive on <u>10/24/62</u> Death occurred at <u>8:05</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Louis B. Higginbotham MD</u>		22b. ADDRESS <u>Univ. of Missouri Medical Center</u>	
22c. DATE SIGNED <u>10/25/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>	23b. DATE <u>10-25-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Ray County Missouri</u>
24. FUNERAL DIRECTOR <u>Thomas J. Carter</u>	ADDRESS <u>Richmond</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 25, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.